## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N97000001140

1. Entity Name

Principal Place of Business

C/O SALLY L DAVIS

ONENESS PENTECOSTAL LIGHTHOUSE, INC.



Mailing Address
C/O SALLY L. DAVIS
3312 1718 ST W

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90285 004 \*\*\*\*61.25

3312 171H ST W LEHIGH ACRES, FL 33971 US LEHIGH ACRES, FL 33971  2. Principal Place of Business - No P.O. Box #  3. Mailing Address												
Suite Ant # etc										2011 0211 00		21121 21 1221
Suite, Apt. #, etc. Su				uite, Apt. #, etc.				02172007	Chg-NP	CR2	2E037 (12/06)	
City & State Ci			ity & State				4. FEI Number Applied For 65-0716574 Not Applicable					
Zip	Zip Country Zip			p Country				5 Certificate of Status Desired   \$8.75 Additional				
6. Name and Address of Current Registered Agent						Fee Required  7. Name and Address of New Registered Agent						
<b></b>	U. 14211A	and Address of Carron	rugater	A Algeria		Name		7. Italia ala	AUG. 688 OF 140	aw Kofisto	IOU Agent	
DAVIS, SALLY L 3312 17TH ST W LEHIGH ACRES, FL 33971					Street Address (P.O. Box Number is Not Acceptable)							
LEHIGH A	CRES, FL	. 33971										
				City							FL Zip Coo	te
	named entity ions of regist	y submits this statement fo ered agent.	or the purp	ose of changing its	registere	ed office or re	gistere	ed agent, or both	n, in the State o	of Florida. I	am familiar with	, and accept
SIGNATURE .	Signature, typed	or printed name of registored agent	and tide if app	olicable. (NOTE	: Registere	d Agent signature r	required w	when reinstating)		D/	ATE	
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees  Make check payable to Florida Department of State					
10.		OFFICERS AND DI	RECTORS		11.		Αl	DDITIONS/CHA	NGES TO OFF	FICERS ANI	DIRECTORS II	l 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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4/17/07